

| POSITION            | INITIALS | ID NO. | DATE   |
|---------------------|----------|--------|--------|
| FEE DETERMINATION   |          |        |        |
| O.I.P.E. CLASSIFIER |          | 6 -    | 2-2-00 |
| FORMALITY REVIEW    |          |        |        |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date   |
|-------|-------|----------|--------|
| 1     | ✓     | ✓        | 4/1/00 |
| 2     | ✓     | ✓        | 4/1/00 |
| 3     | ✓     | ✓        | 4/1/00 |
| 4     | ✓     | ✓        | 4/1/00 |
| 5     | ✓     | ✓        | 4/1/00 |
| 6     | ✓     | ✓        | 4/1/00 |
| 7     | ✓     | ✓        | 4/1/00 |
| 8     | ✓     | ✓        | 4/1/00 |
| 9     | ✓     | ✓        | 4/1/00 |
| 10    | ✓     | ✓        | 4/1/00 |
| 11    | ✓     | ✓        | 4/1/00 |
| 12    | ✓     | ✓        | 4/1/00 |
| 13    | ✓     | ✓        | 4/1/00 |
| 14    | ✓     | ✓        | 4/1/00 |
| 15    | ✓     | ✓        | 4/1/00 |
| 16    | ✓     | ✓        | 4/1/00 |
| 17    | ✓     | ✓        | 4/1/00 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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